



HEADQUARTERS  
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## **MEDICAL EMERGENCY PARENTAL CONSENT FORM**

**(Please print unless otherwise indicated.)**

I, \_\_\_\_\_, parent/guardian of \_\_\_\_\_,

**[initial one of the following three paragraphs:]**

(\_\_\_\_\_) **grant** permission, in my absence, for the Group Leader/Chaperone of the Civil Air Patrol Cadet Program, to obtain and authorize any necessary emergency medical treatment and/or surgical procedures, as well as medical diagnostic evaluations regarding the child named on this consent form, **without any exceptions or exclusions**, and agree to be financially responsible for the cost of any such treatment, procedures or evaluations.

(\_\_\_\_\_) **grant** permission, in my absence, for the Group Leader/Chaperone of the Civil Air Patrol Cadet Program, to obtain and authorize any necessary emergency medical treatment and/or surgical procedures, as well as medical diagnostic evaluations regarding the child named on this consent form, **with the following exceptions or exclusions:**

\_\_\_\_\_  
\_\_\_\_\_. I agree to be financially responsible for the cost of any treatment, procedures or evaluations *not* listed above as exceptions or exclusions.

(\_\_\_\_\_) **do not** grant permission, in my absence, for the Group Leader/Chaperone of the Civil Air Patrol Cadet Program, to obtain and authorize any necessary emergency medical treatment and/or surgical procedures, as well as medical diagnostic evaluations regarding the child named on this consent form.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Legal Guardian

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Adult Witness